

# Southampton Drugs Strategy 2017 – 2020

Update: December 2017

## **Structure and Governance**

In 2017 Inspector Clive Marsh from Hampshire Constabulary was appointed to lead a multi-agency group to prioritise and guide the operational activity to disrupt supply, reduce antisocial behaviour and protect vulnerable people, this is known as the Fortress Operational Group and occurs monthly.

In 2017 Charlotte Matthews, Consultant in Public Health was appointed to lead a multi-agency group to prioritise the strategy and developmental work, needed regarding prevention and treatment. This group is known as the Drug Strategy Implementation Group – prevention and treatment and sits quarterly.

In October 2017 DCI Ben Chivers from Hampshire Constabulary was appointed to chair the Drugs Board. This is a small, multi-agency board with the mandate to secure the delivery of the Southampton Drugs Strategy 2017-2020 and sits quarterly, with the first meeting having taken place on November 1st 2017.

## **Measures**

The first dashboard is included with this update. Not all of the measures documented in the strategy have been available. Where possible alternative data has been provided. During 2018 further work will be completed to refine or gain access to data sets, to provide suitable measures for success to be measured against.

## **Update on priorities**

### **Engagement and Raising Awareness**

The Drugs Board has identified this priority as an initial area of risk to the strategy being delivered. At present the structure lacks governance and oversight to influence the following activity:

*Work with Education (schools forum) and businesses (SOBAC) to:*

*Promote and monitor high quality drugs and resilience education for those in education and employment.*

*Increase aspirations and opportunities for people in Southampton, enabling people to see positive alternatives to becoming involved with drugs.*

The current members have made it a priority to identify the correct stakeholder(s) to form a third sub-group to drive this work, with those already engaged in education and business within the city.

## **Prevention and treatment**

The Drug Strategy Implementation Group – prevention and treatment sat for the first time in October 2017. This group has a wide area of responsibility under the strategy and has brought together the work previously conducted for clinical governance, drug-related deaths, blood-borne viruses and the DAAT partnership.

Its functions are defined as:

*To monitor intelligence on local need, service activity and outcomes to identify areas for action.*

*To inform the delivery, provision and commissioning of services and interventions.*

*To identify and resolve or escalate risks to health or the prevention and treatment system.*

*To identify and share good practice.*

The first meeting of the group focussed on prioritising the evidence-based recommendations from the Public Health England report to reduce drug related deaths <http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf>.

The group prioritised:

*Adopt proactive approaches to risk management*

*Focus on intervening following non-fatal overdoses*

*Improve the recording of comorbidity and encourage co-ordination of psychiatric care services*

*Support improved access for people who use drugs to mental health care services*

These will be progressed through 2018, with the group providing governance.

Further areas were identified to be managed through current contract monitoring, with the group providing oversight to ensure the work continues, these are:

*Rapidly optimise drug treatment, including adequate doses of opioid substitute medications to protect against continued use of illicit drugs*

*Follow guidance on adequate dosing of opioid substitution treatment and supervised consumption*

*Tackle continued illicit drug use with service users, in line with clinical guidelines*

*Improve the recording of comorbidity and encourage co-ordination of physical healthcare*

*Support improved access for people who use drugs to physical health care services including (but not limited to) primary healthcare and health screening, smoking cessation, hepatology and respiratory health.*

*Engage stop smoking services in drug treatment, including the use of e-cigarettes where appropriate*

The remaining recommendations will be re-visited in 6 months (April 2018), to re-prioritise and assess capacity to progress with the further recommendations.

### **Crime disruption and antisocial behaviour**

With police and partnership activity now branded as Fortress monthly activity meetings have been established, and are well attended by a range of partners. These are police led and driven by an intelligence product known as the “Drug related Harm Threat Assessment” and the outcome of the meeting is designed to prioritise:

Vulnerable People

Vulnerable Places

Offender(s) / Offending Groups

Intelligence requirement for the next month

Additional business/project/development work required to improve the response to tackling drug related harm in Southampton.

An example of this last point is to review Automatic Number Plate Recognition coverage in the city. Identify in a priority order where gaps exist according to intelligence, and provide cost estimates and options to secure additional coverage.

The group has been successful at providing these outcomes, with greater prioritisation of offenders required from January 2018. The drive from within this group is to increase the flow of intelligence from the partners, to ensure that the threat assessment is carried out with rich and diverse information. Hampshire Constabulary’s Community Partnership Information process is being used to facilitate this.

The incident type specific operations (Heavy, Sceptre etc) are scheduled and continue to be conducted.